2008 ELECTION CYCLE CPR - SS 08-02(b)

POLITICAL COMMITTEE'S REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

| T- | 679 P001/002 F-317 |
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| D | ECEIVER |
| Π | JAN 2 8 2009 |
| | Campaign Finance Secretary of State |
| cey . | y - Ctate |

| | Secretary of Chair | | | | | |
|-----|--|--|--|--|--|--|
| Nan | ne of Committee The Committee to Elect John A Hatcher Chancey | | | | | |
| Add | Tudge LLC Iress III W. Clayton ST P.D. Box I BALDWYN, MS 38824 County PRENTISS | | | | | |
| | ephone 662-365-1220 (Fax) 662-365-1252 | | | | | |
| Tre | ASUTET John D. HAYNES, SR Email Address jhaynes @ Fmb. com | | | | | |
| | Check here if above is different from previous report | | | | | |
| | TYPE OF REPORT | | | | | |
| | ◆ CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING ◆ | | | | | |
| | October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008) | | | | | |
| | November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)Runoff Candidates | | | | | |
| X | _ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008) | | | | | |
| - | Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations | | | | | |
| | IMPORTANT | | | | | |
| | Periodic reports are mandatory, even if no contributions or exponditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. | | | | | |
| (2) | Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). | | | | | |
| (3) | the seasons of a holiday, the | | | | | |
| (4) | the state of the s | | | | | |

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

| | (itemized + non-itemized) | | | | Total This Period | | Calendar year-to-da | |
|-------------------------------|---------------------------|----------|-----------|--------------------|--------------------------|--|---------------------|---------------------------------|
| Total amount of contributions | \$ | -6- | +\$ | -0 - | \$ | -0- | \$ | -0- |
| Total amount of disbursements | \$ | 350.00 | +\$ | 215.00 | \$ | 545.00 | \$ | 565.00 |
| 2 | | Total an | nount o | f cash on hand | \$ 4 | ,578. 29 | | Moderno voli paremoder AF, 7 mm |
| i certify this i pave | | | nd to the | best of my knowled | ge and | belief it is true, accurate Q - 28- 200 | e, and co | omplete. |
| (\$ignature of Office | | | | | | (Date) | | |

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

| | | | | | Page/_ | of/ | |
|------------------------|---------------------|-----------|----------|-------|------------|-------------|----------|
| Name of Candidate or C | ommittee <u>The</u> | Committee | to Elect | John | A. HATCHER | ChANCERY JU | udge LLL |
| Reporting period | 1/1/08 | throu | ıgh | 31/08 | *** | _ | |

ITEMIZED DISBURSEMENTS

| | | The state of the s |
|------------------------------------|---------------------------|--|
| TOWN OF MARIETTA | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mulling Address | 5 127 108 | \$ 350.00 |
| MARIETTA MS | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ 350.00 |
| B. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | S |
| C, Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | _'_'_ | \$ |
| City, State, Zip Code | // | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| D. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | ' | \$ |
| City, State, Zip Code | ' | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| E. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | \$ |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |
| F. Full name | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | \$ |
| City, State, Zip Code | | S |
| Purpose of Disbursement (Optional) | Aggregate Year-to-date | \$ |